



# Health

**Discussion Document** 

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# Introduction from National Party Leader Simon Bridges

I'm a strong believer in ensuring everyone has the opportunity to live well and when we need care, we can access it regardless of our income, background or where we live.

Services have become harder to access on the current Government's watch. After years of continuous improvement under National, waiting times are increasing and the number of elective surgeries being carried out has reduced. Deficits have ballooned and the sector is struggling clinically and financially as Kiwis miss out on the care they need.

This just isn't good enough. National wants New Zealand to be a healthy society with a working health system, where illnesses are prevented as much as possible and care is easily accessible. Where mental health is just as important as physical health, and where you get a hip replacement regardless of whether you're in Auckland or Southland

That's why National will deliver a strong

economy so that we have the resources to invest in quality healthcare. Our approach will support elderly and rural New Zealanders as well as those with disabilities to play an active role in that economic growth, ensuring all Kiwis benefit.

This document is informed by the views of the many doctors, nurses and allied health professionals who work every day to deliver the care which keeps Kiwis alive and well.

National will restore confidence in New Zealand's public health system and deliver care for you, your children and whānau so that we're a nation of happy, healthy Kiwis.

We look forward to your feedback.

**Hon Simon Bridges** 

National Party Leader Leader of the Opposition



# Introduction from Michael Woodhouse

### National's Health Spokesperson

We will all experience times in our lives when we need healthcare, from the moment we're born to our last days, and in the many stages of our lives in between.

New Zealanders by and large can be confident the essential health services needed to live well are there when we need them, but Kiwis know there's room for improvement and that those improvements need to be made now to cope with the demands of a growing and ageing population.

In the past two years, we've seen an increase in the number of stories of Kiwis not getting the standard of care they deserve in a timely manner. Whether it's cancer treatment, surgery, emergency care or the many other services needed, many New Zealanders feel services are getting harder to access under this Labour-led Government. This is exacerbated by the fact this Government is no longer publishing up-to-date statistics on elective surgeries or setting targets in areas like immunisation.

The results are clear to see. Six thousand fewer New Zealanders had the surgeries they needed last year after increases every year under National. There's been a measles epidemic, waiting times are increasing and four Southland mums have given birth on the side of the road because their birthing unit was closed down.

"National believes strong investment in our health system is essential as it touches the lives of every New Zealander, from the first 1000 days to our golden years."

**Hon Michael Woodhouse** National's Health Spokesperson

We believe you deserve better. National is relentlessly focussed on getting the best for Kiwis and their families. I have experience in healthcare from my years running Mercy Hospital in Dunedin. National's health team also includes a mental health practitioner and a GP. We know what it takes to ensure quality care for New Zealanders.

I want to thank the many hundreds of dedicated health workers my team and I have met over the past two years. You took time out of your busy schedules to share your suggestions for improvement. While this discussion document is a significant milestone, it is by no means the end of the meaningful engagement we have begun. We look forward to not only hearing from you on the proposals set out in this document but to continuing that dialogue as we embark on the important challenge of improving the health of every New Zealander.

**Hon Michael Woodhouse** National's Spokesperson for Health



## Delivering Better Health Services

"We will focus on the delivery of more effective and more efficient services, ensuring that you and your families get the healthcare you deserve."

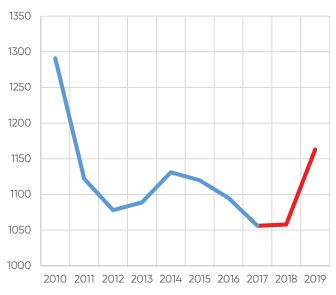
#### **Hon Michael Woodhouse**

Spokesperson for Health

National strongly supports our health sector and the people who work in it. During our time in government we delivered an additional \$16.8 billion of new health spending over our nine years and embarked on the biggest hospital building programme in New Zealand's history. Unfortunately, the current Government has seen this programme stall and is delivering less healthcare for the New Zealanders who need it, expanding the Ministry of Health's army of bureaucrats instead of supporting doctors and nurses on the frontline.

National will restore the focus in health to what it should be: providing quality health services to you and your family, enabling you to get treatment better, faster and sooner so you can focus on living rather than waiting to be treated.

### **Ministry of Health Bureaucrats**



Source: WQ 37681 (2019)

### **National Health Targets**

The previous National Government set challenging targets in healthcare and reported back on those targets every three months so Kiwis could see how their local District Health Board (DHB) was doing.

One example of the positive effect targets can have is in emergency department waiting times. University of Waikato research showed improvements in waiting times due to the target National put in place saved 700 lives every year, and thousands of lives over the period the target was in place. We also had a target for immunisation, which led to a steady increase in immunisation rates, even in communities that had lower rates than the national average.

It's clear this Government doesn't believe in targets and it doesn't want you to know how your DHB is doing. It no longer has expectations for performance, doesn't publish data, hasn't committed to new targets which were promised, refuses to report on the numbers of surgeries and, as of this year, no longer publishes those statistics on the Ministry of Health website.

We believe in targets and the principle that you and your family should know about your healthcare. Targets focus healthcare providers on the outcomes that are important to Kiwis. National will reinstate, refresh and publicly report performance against targets so New Zealanders can have confidence in the services being provided to them.

National will re-establish
 National Health Targets which
 will be updated and extended
 to primary providers that receive
 public funding. Performance
 against targets will be published.

#### **GP Services**

National supports our hardworking GPs and believes easy and timely access to a quality local GP is a key indicator of a successful health system. Last year, over half a million New Zealanders reported cost as a barrier to accessing primary care.

In order to ensure every New Zealander has access to GP services, a Very Low Cost Access Payment (VLCA) scheme was established. VLCA practices exist where over 50 per cent of the enrolled population is Māori, Pacific or from a deprived area.

Around a third of GP practices are considered VLCA practices and it is broadly agreed the VLCA model poorly targets those most in need. The reduced cost of primary care is linked to the general practice rather than the patient in need, creating a system where higher income individuals are able to benefit from the VLCA scheme and low income Kiwis in wealthier areas miss out.

National wants to ensure the way the health system supports low income families is amended to reflect this.

A 'general practitioner with special interest' (GPSI) is a GP with specialist experience who can perform simple procedures outside of a hospital. Utilising GPSIs relieves pressure on secondary care providers as well as giving GPs the opportunity to broaden their skillsets and experience. National proposes expanding the GPSI programme to a broader range of chronic conditions that, with appropriate training and oversight, can be managed in the community.

# We want your thoughts on the following:

 How can we ensure subsidies for low income patients in primary care are consistently provided to those most in need?  National proposes to expand the GP with Special Interest (GPSI)
 Programme to a broader range of chronic conditions which, with appropriate training and oversight, can be managed by GPs in the community alleviating pressure on secondary care services.
 health spending, we will ensure better planning and coordination between DHBs and private providers.

There are also a number of complex procedures that require the specific expertise of surgeons who may only work in one DHB area. We believe there is scope to improve outcomes for patients who need complex surgery and propose to investigate the establishment of Regional Centres of Excellence.

### **Elective Surgery**

An elective surgery is one which is planned in advance rather than done in an emergency situation and includes vitally important operations like hip replacements and cataract surgery. Despite specific funding to increase the number of surgeries taking place, fewer publicly funded elective surgeries were performed in the last financial year than in the previous one. This is the first decrease in a decade. This is not acceptable for a country which aspires to have world-leading health services.

National will address this through the setting of clear elective surgery targets for each DHB to meet. When setting targets, we'll take into account the relative complexity of the surgeries being carried out as well as raw numbers of procedures. We'll also ensure this is publicly reported on so that Kiwis can hold their DHBs to account.

We will also address regional disparities in the delivery of elective surgeries. Currently, each DHB is allowed to set its own criteria to decide which patients are eligible for elective surgeries. We'll work with surgical specialties to establish a common points system which prioritises the most urgent patients and ensures equitable access to healthcare.

There is a role for the private sector to play in delivering health services, but at present, this is often poorly planned, at short notice and considerable cost to the taxpayer. As part of our efforts to ensure good value for money in

- National will set clear elective surgery targets for each DHB to meet, taking into account complexity as well as basic volume data.
- National will establish a common points system across all DHBs and specialties to eliminate access inequities to surgery.
- National proposes to investigate Regional Centres of Excellence in surgery so complex interventions have better outcomes for patients.

# We want your thoughts on the following:

 How can we ensure that DHBs work better with private providers where their support is needed to deliver surgeries?



### Key Health Challenges

"We will be bold in tackling the big modern health challenges of the 21st century, from cancer to arthritis and obesity."

#### **Hon Michael Woodhouse**

Spokesperson for Health

The previous National Government made excellent progress in reducing preventable deaths amongst New Zealanders. Significant progress was made in the two biggest killers, cardiovascular disease, which reduced by 17 per cent, and cancer, which reduced by 10 per cent. The focus should be on prevention, early detection and prompt treatment.

The behavioural risk factors for these diseases are well known and have been known for some time. National's policy will redouble our efforts to encourage Kiwis to live well and reduce the risk of poor health, while recognising every individual should take personal responsibility for their health and lifestyle.

#### Cancer

Cancer is New Zealand's biggest killer, with almost 10,000 Kiwis dying of cancer every year.

Under National, New Zealand was making good progress in improving cancer survival, where deaths per 100,000 fell ten per cent between 2008 and 2017. Understanding what stage patients are at when diagnosed will help to improve treatment and ensure earlier diagnoses.

There have long been calls for New Zealand to also establish an independent cancer agency, and at National's annual conference this year, we committed to establishing just that.

National will establish the New Zealand Cancer Agency, which will be tasked with developing plans to reduce the incidence and impact of cancer on New Zealanders, improving outcomes for cancer sufferers and reducing regional and ethnic disparities. It will also collect data and advise on new solutions for tackling cancer.

We will also establish a cancer drugs fund with \$50 million a year specifically focussed on funding proven medicines that are not currently funded. Decisions on which cancer drugs are to be funded will remain with PHARMAC.

- National will introduce legislation to establish an independent cancer agency, reporting to the Minister and sitting outside the control of the Ministry of Health and DHBs.
- National commits to establish an Interim Cancer Agency Board to review the cancer plan and recommend improvements.
- National will require 'stage at diagnosis' data to be centrally collected to clearly identify the degree to which late diagnosis is affecting cancer outcomes.
- National will establish a \$50 million a year cancer drugs fund.

### **Arthritis**

More than 670,000 New Zealanders suffer from diseases of joints and bones such as arthritis, gout and related auto-immune diseases. These affect New Zealanders of all ages, including thousands of children and young adults, and can severely limit Kiwis' quality of life and ability to participate fully in society. It's time to make musculoskeletal diseases a health priority.

Arthritis and similar conditions have an effect on people's ability to take up and remain in employment, with nearly ten per cent of people on Jobseeker Support having a condition affecting their joints or bones. In order to address this and ensure no group is excluded from being able to work, National proposes improving access to treatment and rehabilitation, including vocational rehabilitation to enable arthritis sufferers to remain in or reenter the workforce.

- National proposes to make healthy bones and joints a priority to support those New Zealanders living with arthritis or gout.
- National proposes to improve access to treatment and rehabilitation, including vocational rehabilitation to enable arthritis sufferers to remain in or re-enter the workforce.

### **Obesity**

Obesity and its complications are a growing problem in much of the developed world and New Zealand is no exception. According to last year's New Zealand Health Survey, around a third of adults over age 15 were obese. As well as affecting quality of life, obesity increases the risk of serious health problems like heart disease, high blood pressure and Type 2 diabetes.

Obesity, particularly in children, is one of the most pressing health challenges we face and National isn't afraid to tackle it. In 2015, the National Government released a Childhood Obesity Plan which has helped to slow the rise in childhood obesity, but the number of children suffering from obesity remains high. National will update this strategy and widen it to include people of all ages.

The current Government's approach to tackling obesity seems to be banning and taxing things they don't like, with recent talk of the introduction of a sugar tax. National believes that instead of this nanny state approach, the

role of government should be to support and encourage healthy lifestyles, particularly in children, and increase access to healthy foods for all.

Fourteen New Zealand schools currently take part in 'The Daily Mile', a programme started in the UK to tackle childhood obesity in which primary school classes are taken outside for a 15 minute run each day. Children look forward to it and it improves their physical fitness. It's a successful initiative and National will encourage its expansion so more children can benefit.

- National will replace the 2015 Childhood Obesity Plan with a new national obesity strategy covering all age groups.
- National will expand 'the Daily Mile' programme to more New Zealand schools, with the expectation that all take part by 2025.

# We want your thoughts on the following:

- What more can be done to tackle obesity in New Zealand, without the Government having unnecessary influence over people's lifestyles?
- What should we do to increase access to healthy foods?
- What is the role of industry in tackling obesity in New Zealand?

#### **Oral Health**

The consequences of poor oral health can be permanent but even simple dental treatments like fillings can cost thousands of dollars. National believes it is important to focus on ensuring and maintaining good oral health in the early years.

It's been reported that almost 120,000 children are overdue for their dental checks and 29,000 have teeth extracted due to decay. National will increase funding for the school dental service to ensure every school-aged child has appropriate access to good oral health.

Oral health is the best example of where prevention is being better than a cure. We're proposing a comprehensive programme to improve children's dental health. We have studied the Childsmile programme implemented in Scotland, which provides information around good oral hygiene and daily supervised tooth brushing in nurseries. In Scotland it cost £1.3 million (\$2.6 million) but saved £6 million (\$12 million) in dental costs and we propose a similar programme for New Zealand.

- National will improve the school dental service to ensure every school-aged child has appropriate access to good oral health.
- National proposes to implement a comprehensive programme to improve paediatric oral health similar to Scotland's Childsmile programme.



### **Disability Services**

"National is committed to making New Zealand a country where disabled people have equal opportunities to achieve their goals and aspirations."

#### **Hon Maggie Barry ONZM**

Spokesperson for Disability Issues

Around 25 per cent of New Zealanders have a physical, mental, sensory, or learning disability and in 2016, National launched the New Zealand Disability Strategy 2016–2026 to improve the lives of disabled people across New Zealand.

National will be committed to implementing this strategy and to making New Zealand a place where people with disabilities and long-term health conditions have equal opportunities to achieve their goals and aspirations.

### **Enabling Good Lives**

Individuals with disabilities have diverse and varied needs. The current disability system is large and complex, and far too many New Zealanders are falling through the cracks and

not getting the support they need.

In 2012 the National Government partnered with the disability sector to create the 'Enabling Good Lives' programme. Enabling Good Lives brings together the disability sector and government agencies to provide long-term, everyday solutions for people and families living with disabilities. It aims to give people greater choice and control over the supports they receive and the lives they lead.

Under this Government, disability services have been neglected. There is now a shortfall in funding and charities have emphasised that the sector is in crisis.

National is proud of our work on Enabling Good Lives and its effort to put disabled people at the heart of the services that affect them. We want to explore how we can continue building on this model to provide choice and control to even more New Zealanders with disabilities about how they live their lives.

Ensuring disabled New Zealanders are able to have full access to the support they need is key to creating a society which is inclusive and supports individual autonomy. Making sure government is disability friendly is a simple step that allows those with different needs the same ability to take control of their own lives as everyone else.

Cochlear implants make a huge difference to the lives of those with hearing loss. Despite this, the current Government has cruelly removed the previous National Government's commitment to increasing access to adult cochlear implants. We will recommit to increasing the number performed from 40 each year to 100.

- National proposes to continue with the Enabling Good Lives model and look for opportunities to expand it.
- National proposes to work towards ensuring all government services and publications are disability friendly and accessible to all.
- National will increase the number of adult cochlear implants performed from 40 per year to 100 per year.

# We want your thoughts on the following:

- How can we ensure funding properly supports disabled people to have control over their lives?
- How can we make government resources more easily accessible to all disabled people?

### **Supporting Family Carers**

In so many cases, it's families who provide the best support for their relatives with disabilities. Their care immeasurably increases the quality of life for many disabled New Zealanders. Giving families the tools to provide high quality care is important to combatting isolation and improving quality of life.



National will put people and families at the heart of disability policy, and work with them to ensure their disabled whānau are best

supported. We will also ensure those who live in small towns and rural areas who have high needs are able to access the support they need.

# We want your thoughts on the following:

- How can we better support families who care for a disabled relative?
- What other areas of disability support should National focus on?

# **Employment for Disabled People**

Studies have shown work gives people a sense of purpose and can be positively associated with better mental and physical health. The employment rate for disabled people in New Zealand sits at 23 per cent, compared with almost 70 per cent for non-disabled people. This disability employment gap of almost 47 per cent compares unfavourably with approximately 30 per cent in the UK and around ten per cent in places like France and Sweden.

The current Government isn't taking action: it hasn't filled even half of the places available for the key Oranga Mahi programme last year, which provides a partnership between the Ministry of Social Development and DHBs.

National will be ambitious for disabled people, taking action to support more disabled people to move into work, with a long-term goal of reducing our disability employment gap. Only disabled people and their families truly know the challenges they face, and we want them to lead and inform our efforts. We want to hear from disabled Kiwis about the barriers they face in getting into employment.

There's a lack of specialist disability employment support within local Work and Income offices.

National proposes every Work and Income office has a dedicated, trained disability employment adviser to support case managers so that employment opportunities for people with disabilities are identified and local innovations to improve employment prospects can be made.

We'll do this working alongside businesses. Many employers recognise the value disabled Kiwis can add to their workforce. As employers consider how they will build their future workforces, National wants to work with industry to ensure the needs of disabled people are at the forefront of employers' minds.

For some people, especially those with learning disabilities, finding employment may be particularly challenging. Minimum wage exemptions have enabled almost 1,000 New Zealanders who would otherwise struggle to find paid work to gain access to employment and all the benefits it brings.

The Government plans to scrap this and replace it with a subsidy, meaning disabled people will be forced to rely on the Government for work. We want your views on whether this is right.



# We want your thoughts on the following:

- What more can we do to support disabled people to take up and remain in work?
- What amendments could be made to the minimum wage exemption system which encourages greater numbers of disabled Kiwis to be employed?

- National will reduce the disability employment gap, ensuring more disabled Kiwis are able to access employment and bringing New Zealand into line with other OECD countries.
- National proposes to ensure every Work and Income office has a specially trained disability employment adviser.





### Mental Health and Addiction

"Mental health is just as important as physical health and National will ensure this is reflected in the delivery of health services."

#### **Matt Doocey**

Spokesperson for Mental Health

National believes in better mental health for all New Zealanders. We've worked hard in Opposition to secure a cross-party approach to addressing mental health issues and care. National's focus is on delivering more frontline services, and delivering them more effectively to respond to the growing demand for mental health services.

We want to ensure you can access high quality services no matter where you live. We're proposing a centralised approach to the commissioning of mental health services in New Zealand. Every DHB will be required to commission services in line with a National Stepped Care model to ensure every New Zealander can access the care they need.

We'll also trial different pathways of care and wraparound services to allow for timely

responses to emerging mental health issues and support for people after they leave care, like a Step Up/Step Down care model.

# We want your thoughts on the following:

- What mental health services are not being provided in the community you live in that you would like to see?
- What illness prevention strategies work best to keep people well?

# Case study Step Up/Step Down care

A Step Up/Step Down mental health service is used in Western Australia to provide short term, residential support and individualised care for people when they 'step down' from the intensive support provided in a hospital environment, or those who are in the community experiencing a change in their mental health and need to 'step up' into care.

The service allows time for individuals to work on their recovery and provides a mixture of structured activities and individual one-on-one support time. Family, carers and friends can visit and be involved, allowing for a wraparound support service which enables people with mental health conditions to have continuous support.

 National will trial a Step Up/Step Down care pathway service.

#### **Better Mental Health Services**

National understands a goal of delivering more front line services and increased access to mental health services will require a skilled and caring workforce equipped to meet the mental health challenges we face.

We need to promote continuous improvement and upskilling in our mental health workforce, and attract new staff into our mental health professions in order to meet the rise in demand. Peer-to-peer mental health services and support should also be a cornerstone of the approach to mental health as those with lived experience are an important voice in the mental health debate.

Many people who ring 111 for Police or paramedics require a mental health response. National will implement the expert-designed Mental Health co-response, which would see Police, paramedics and mental health nurses deployed together to deliver effective mental health first aid to patients who need it.

# We want your thoughts on the following:

 What initiatives would you like to see us implement to grow our mental health workforce to deliver new frontline services?

- National will deliver the expertdesigned Mental Health coresponse, which sees mental health nurses attend mental health incidents alongside Police and paramedics.
- National will ensure support and follow-up for those who attempt suicide or are at risk of taking their own lives, with a focus on delivering tailored services for rural communities, Māori and young people.
- National proposes a centralised approach to the commissioning of mental health services.

### **Early Intervention**

Of those with lifelong mental health issues, 50 per cent have symptoms before the age of 14 and 75 per cent before the age of 24. It is therefore really important we intervene early, addressing mental health issues before they embed and grow.

That is why we have been working with the Young Nats to explore models of early intervention which will reach young New Zealanders as well as old. As passionate young people they are developing their own mental health policies for the young and not so young, and one of the key policies they have championed has been mental health first aid.

First aid training for physical health and injuries is very common, however mental health first aid training is rare. National wants to bridge this gap. We're committing to establishing a contestable fund for mental health organisations to deliver mental health first aid training. This would increase mental health awareness and support in workplaces and communities and create an army of mental health first aiders.

Technology offers opportunities to tackle mental health issues in young people, particularly through using enhanced e-therapy options for pre-teens, adolescents and young adults. National will deliver a package which improves the effectiveness, responsiveness and reach of e-therapy in convenient, accessible formats online and over the phone.

National will also deliver tailored telehealth, optimised for adolescents and adults with mild to moderate mental health needs. We envisage this will be especially helpful for those who face barriers to traditional support such as our rural communities. National also proposes creating a contestable fund to drive innovation in digital mental health services.

- National will establish a contestable fund for mental health organisations to deliver mental health first aid training to improve mental health awareness and support in workplaces and communities.
- National will deliver enhanced e-therapy options for young people and prisoners.
- National will deliver a package of telehealth which is innovated and tailored for adolescents and adults with mild to moderate mental health needs.
- National proposes to create a \$10 million contestable fund established to drive innovation in digital mental health services.

#### **Meth Addiction Rehabilitation**

In 2009, the then National Government announced the Meth Action Plan 2020, which was funded from the Proceeds of Crime Fund. The Meth Action Plan was responsible for reduced meth use rates across the country by 50 per cent and an increase in meth seizures.

Despite this success, the Government has shelved the programme without a coherent strategy to tackle the growing scourge of meth in our community which causes misery for Kiwis up and down the country. Drugs like meth are especially harmful and need a particular focus. This is why we will reintroduce a Meth Action Plan aimed at the 2020s.

We also propose establishing a rehabilitation programme along the lines of the Matrix Model, an evidence-based, intensive addiction recovery program. It was developed in the U.S. in the late 1980s and 1990s in response to the cocaine epidemic and has been modified to treat the increasingly widespread use of meth. The Matrix Model has been up to six times more effective than traditional programmes.

Te Ara Oranga is a joint initiative between New Zealand Police and the local DHB in Northland, where the police refer drug users identified through its operations to the DHB's addiction

services. It is broadly seen as successful and is currently funded through the Proceeds of Crime Fund. We want to explore whether the initiative should be expanded to other parts of New Zealand.

- National will reintroduce the Meth Action Plan aimed at the 2020s.
- National proposes to trial a programme like the Matrix Model, with every DHB having access to detox beds.

# We want your thoughts on the following:

 Should we expand Te Ara Oranga?





### The Health System

"National will ensure the health system in New Zealand delivers quality healthcare for everyday New Zealanders, and isn't afraid to make the reforms needed to improve your health system."

### Hon Michael Woodhouse

Spokesperson for Health

By any measure New Zealand's health system is complicated for a country of our size. The Ministry of Health oversees a large number of DHBs, Primary Health Organisations (PHOs) and various Crown entities. There are also significant numbers of non-government and private organisations, industry groups, professional bodies and other organisations.

All health systems are complex but there are increasing questions, including from senior health professionals, about whether New Zealand's health system is unnecessarily complicated and creates barriers to innovation and improvements in care.

### **District Health Boards**

DHBs were formed in 2001 with responsibility for planning, commissioning and delivering services. This mix of responsibilities has raised questions about whether the dual responsibility for commissioning and delivering services has stifled innovations in care. National will continue to have DHBs deliver services locally as they do now, but we want your thoughts on whether the planning and funding of services could be better managed at a regional level. For more complex services, management could even be at a national level.

We also support the principle of DHBs being locally governed, but want to explore whether the current model of elected DHB governance is

the best way to ensure performance.

National is seeking feedback on what changes could be made to improve access to and consistency of services across the country and whether there is a better governance model for DHBs.

# We want your thoughts on the following:

- Should planning and funding for services be coordinated at a regional level to improve quality and consistency?
- Should planning and funding functions be separate from the delivery of services?
- Should DHBs still be elected?

 National commits to ensuring services are delivered as close to patients as possible, with public provision managed locally.

#### **Health Workforce**

Health and disability services are fundamentally about people: those who need care, plus the tens of thousands of dedicated health professionals who devote their lives to caring for others. Around one in ten New Zealanders are employed in the health and disability sector. National will support these trusted health professionals to get on with their jobs.

National is committed to ensuring New Zealand has enough doctors, nurses and other health professionals to ensure that every Kiwi can get good quality and timely health treatment, however, our health workforce is ageing. According to Health Workforce New Zealand (HWNZ), in 2015 more than 40 per cent of doctors and more than 45 per cent of nurses were aged over 50. With the increase in demand for health services from population growth and ageing, there's a real risk that there will be a shortage of health professionals in the future.

In order to provide the quality and quantity of services New Zealanders need, this requires urgent attention. National will undertake an immediate stocktake of the health workforce, including volumes, age, turnover, regional distribution and training programmes to assess where we're at and what actions need to be taken.

Many of New Zealand's doctors and nurses come from overseas and to support them, National will explore visa policies that ensure we attract more skilled health professionals from overseas, while also ensuring an emphasis on our domestic workforce to meet need and demand.

Recent staffing innovations, such as the introduction of health coaches or navigators in primary care are changing the way healthcare is delivered. We're proposing to ask HWNZ to investigate how these innovations can be rolled out more widely and what training programmes are needed.

We're also proposing to reform HWNZ so that it better serves the needs of the health system today. We propose re-establishing HWNZ as an independent body with a primary focus on identifying and developing strategies to meet future workforce needs.

- National will undertake an immediate stocktake of the sector, including volumes, age, turnover and regional distribution of the workforce.
- National will encourage Health Workforce New Zealand to consider new health workforce roles to meet the needs of 21st century health service delivery, such as navigators and coaches.
- National proposes to remove Health Workforce New Zealand as a directorate of the Ministry and re-establish it as an independent body.



One of the most pressing issues currently facing the health workforce is the increasing number of midwives leaving the profession, largely due to feeling undervalued and ongoing questions around funding structures. The previous National Government committed to an independent review of the funding model for community midwives but this Government has failed to act on the report's recommendations and didn't offer midwives an adequate funding increase in either Budget 2018 or Budget 2019.

National proposes to address income equity claims by independent midwives in line with the recommendations of the Co-Design Report.

 National proposes to address income equity claims by independent midwives in line with the recommendations of the Co-Design Report.



### **Medicines Funding**

New Zealand has long benefitted from having a single purchaser model of medicines funding, where PHARMAC determines which medicines are funded. National remains committed to the PHARMAC model. The previous Government increased medicines funding by an average of \$24 million per year, meaning 800,000 more New Zealanders benefitted from access to medicines. By contrast, this Labour-led Government gave no funding increase in its first budget, a paltry \$10 million per year increase in 2019, and a further \$20 million increase this year when forced to respond to National's commitment to a cancer drugs fund.

What this means is New Zealanders are missing out on medicines which under National would have been funded. National will commit to increasing PHARMAC funding at the same level as the previous National Government did, ensuring more drugs are available to New Zealanders.

The current Government broke its promise to New Zealanders with rare disorders. It had committed to establishing a rare disorders medicines fund at a cost of \$20 million but two years into office no such fund exists. We will deliver this fund. PHARMAC also currently assesses medicines for rare disorders against the same criteria as more widely used medicines, making it extremely difficult for those medicines to be approved. National will require PHARMAC to review its criteria and formula for rare disorders medicines to ensure they aren't overlooked simply because they benefit a small number of people.

Concerns have been raised recently around the lack of transparency and timeliness in PHARMAC's decision-making, which is causing concern amongst advocates and pharmaceutical companies alike. National will require PHARMAC to be more transparent and timely in its decision-making, including reporting against timeliness targets and requiring the best price offer to be contained in proposals and subsequent negotiations. This will ensure easier access to funds and faster decisions on drug funding.

PHARMAC also has responsibility for buying medical devices. We support this approach and will set clear targets for high value medical devices and equipment to come under a PHARMAC purchase agreement by 2022.

Medsafe, the agency which evaluates the safety of medicines and devices available in New Zealand, is reviewing its process for approving devices. We are concerned the proposed framework for approving the more than 200,000 devices already used in New Zealand could be overly bureaucratic and costly. We will introduce a framework that looks to international quality marks and doesn't reinvent the regulatory wheel.

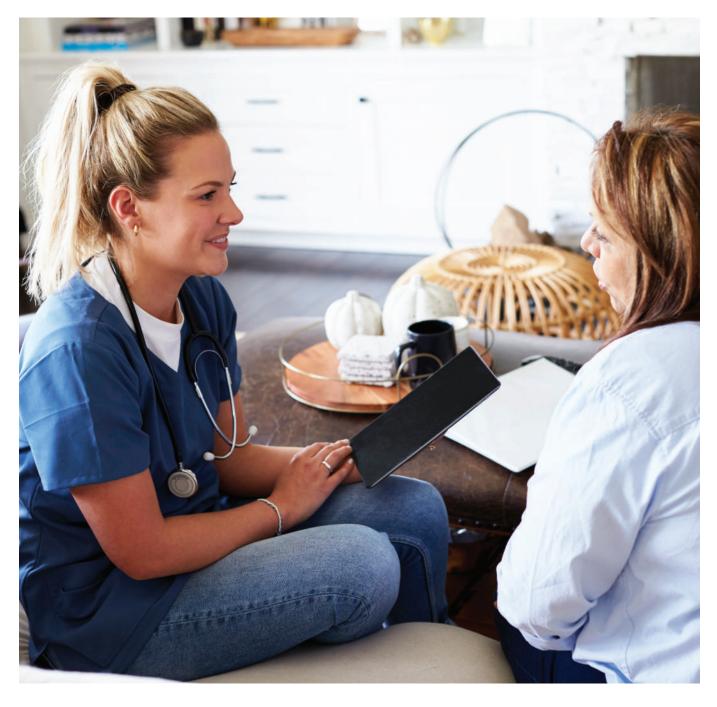
- National commits to restoring PHARMAC funding and increasing funding at the same rate as DHB cost pressure increases.
- National will establish a ringfenced \$20 million rare disorders fund over four years.
- National will require PHARMAC
  to be more transparent and
  timely in its decision-making, by
  setting targets for timeliness and
  requiring definite decisions based
  on best price offer to ensure
  faster and more transparent drug
  funding.
- National will set clear targets for high value medical devices and equipment to come under a PHARMAC purchase agreement by 2022.
- National will introduce a framework based on existing international quality marks, avoiding burdensome red tape.



### **Information Technology**

Despite many years and considerable investment in electronic medical records, patient accessible portals and harmonisation across the sector, IT within the health sector remains fragmented and poor.

We must do better. Leadership is required to better coordinate health information which will in turn lead to higher quality care, less duplication and lower costs.  National will progress towards having coordinated patient management information systems that integrate community and hospital-based services, are accessible by patients and health professionals and retain high levels of confidentiality.





### Women's Health

"Women face a variety of health challenges not faced by men, including maternity issues and specific types of cancer. A one-size-fits-all approach won't do."

#### **Hon Maggie Barry ONZM**

Spokesperson for Women's Health

### **Women-Specific Cancers**

Breast cancer is the most common cancer for women, with over 3300 women diagnosed every year. Due to advances in medical treatment and improved screening, 80 per cent of people with breast cancer survive ten years or more. For many, treatment for breast cancer may involve a mastectomy – a removal of the affected breast. This can also be done as a preventative measure for those with a high risk of breast cancer.

Multiple studies internationally show a link between mastectomies and self-esteem and body issues. Despite this proven link, breast reconstruction is often seen as cosmetic rather than an important part of rehabilitation. National will explore whether it should be offered routinely.

Approximately 1000 women every year are diagnosed with gynaecological cancer but it sadly does not get the level of awareness that breast cancer gets. These cancers are harder to detect and have higher rates of death than breast cancer. National will take action to address this and improve outcomes for women suffering from gynaecological cancers.

 National will fund an education and awareness campaign to improve chances of early detection of gynaecological cancers. National will establish a
 Mesh Register and make it
 retrospective for women to record
 their operations and enable
 tracking of the mesh implants
 over several decades.

# We want your thoughts on the following:

 Should breast reconstruction be offered as standard after mastectomy surgery?

### **Surgical Mesh**

Surgical mesh implants have been used since the late 1990s for gynaecological surgery where other treatments are unsuitable or have failed. Surgical mesh is very effective for many patients however we now know that some patients experience complications immediately after their operation, while others develop them years later. Complications may range from mild to debilitating and can affect an individual's auality of life.

For some New Zealanders the effects have been devastating. There have been over 1070 incidences of adverse effects of surgical mesh implants in New Zealand since 2005 and the true total number of incidences is unknown. National will establish a national mesh register and make it retrospective so we can track the incidence of adverse effects as well as explore trends and issues.

### **Maternity Services**

Mothers in rural New Zealand have been poorly served by maternity services, with the closure of the Lumsden Maternity Unit and the refusal to establish a birthing unit in Wanaka. A recent report was heavily critical of the process that led to these decisions. National will restore the birthing unit at Lumsden and support the Wanaka community in establishing a birthing unit in what is one of New Zealand's fastest growing regions.

In the first few days after giving birth, mums can experience the baby blues, have difficulty breastfeeding, be exhausted and sometimes just need a bit of extra help to build up confidence.

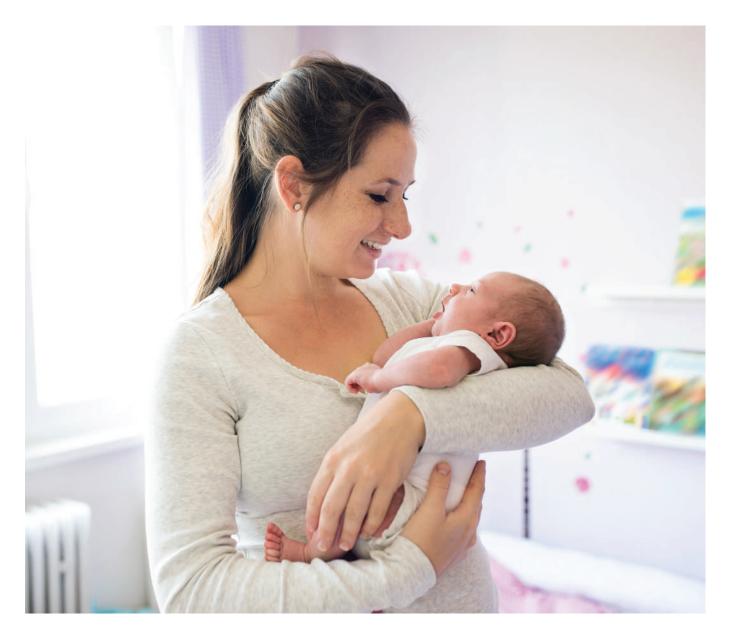
National has already committed to introducing ring-fenced funding to ensure mums have guaranteed access to at least a three day stay in a postnatal facility of their choosing. We'll also require Plunket nurses to screen for postnatal depression when mums go home.

These are just some of the ways we want to support the most vulnerable new mums and babies in their first 1000 days. International evidence increasingly shows this period, from conception to early childhood, is critical in setting children up to live longer, healthier lives.

- National will re-establish the birthing unit at Lumsden and support the establishment of a birthing unit in Wanaka.
- National will require Plunket nurses screen for postnatal depression and refer affected parents for support.
- National will increase postnatal stay to three days in a postnatal facility of the mum's choosing.

# We want your thoughts on the following:

 What services and support should be put in place in the first 1000 days of a child's life for children most at risk of adverse outcomes?





### Māori Health

"National will address the discrepancies in health outcomes faced by our Māori communities."

#### **Dr Shane Reti QSM**

Associate Spokesperson for Health

Inequities in New Zealand's health system disproportionately affect Māori. We can see this in poorer health outcomes and lower life expectancy: average life expectancy for Māori is more than seven years lower than Pākehā.

Māori also make up more of the demand for health services. For example, Māori form approximately 16 per cent of New Zealand's population, yet account for 26 per cent of all mental health service users.

Under National, we took decisive action through targets to reduce disparities in our health system including reducing the immunisation rate gap between Māori and NZ European by 73 per cent between 2009 and when we left office in 2017.

# Reducing Disparities Through Targets

National believes in targeted interventions which will advance and promote Māori health and lead to positive outcomes. Our commitment to better cancer management and medicines funding will substantially benefit Māori.

We believe health targets focus resources and accountability on the areas of the health sector that need the most improvement. Through targets, we'll once again seek to address the discrepancies which exist in the health system.

 National will reinstate the requirement of annual reporting against a Māori Health Strategy for every DHB.

### **Lung Cancer**

We asked DHBs where we could have the greatest impact on Māori health with just \$5 million of untagged funding. The majority told us to focus our efforts on lung cancer and smoking. More people die of lung cancer than any other cancer in New Zealand. Lung cancer is the most common cancer for Māori women, and the second most common for Māori men. For all smokers who meet the criteria, National will pilot low-dose CT scanning to ensure lung cancers are detected and treated early.

 National will pilot low-dose CT scanning for all smokers who meet the criteria.

#### Gout

Gout is a preventable disease of the joints which affects 185,000 New Zealanders. New Zealand has the highest prevalence of gout per capita in the world with an estimated economic cost of more than \$200 million each year. Some Māori are genetically predisposed to gout. National will explore a nationwide gout management programme in collaboration with Arthritis New Zealand. This will include public education, targeted resources, clinical education and strategic reporting and monitoring at DHB and PHO levels.

 National proposes to ensure Māori and Pasifika, who have a genetic predisposition to gout, have equitable access to uric acid lowering medication.





### Rural Health

"National understands and supports our rural communities, and recognises the unique challenges they face in accessing healthcare."

#### **Hon Michael Woodhouse**

Spokesperson for Health

More than 600,000 New Zealanders live in rural communities. It's vital core services meet their needs. While everyone in rural New Zealand accepts they'll be a little further from a hospital, they still need access to services like screenings, clinics and midwives.

National understands the specific and unique health needs and hurdles in rural environments. We've committed to piloting mobile rural health clinics. This will provide a 'warrant of fitness' health check for patients who may not be able to go and see their doctor in town. This service will also be important for those with mental health issues who can often feel isolated.

We want to go even further and explore how technology can support rural communities and improve their access to specialist services, seeking industry partners to support us in this endeavour.

- National proposes to pilot a Mobile Rural Health Clinic to help service isolated communities.
- National proposes to expand technologies to enable isolated communities to have better access to specialist services.

#### **Rural GPs**

National will further focus health resources and attention on rural health by commissioning a third medical school which is focussed on the recruitment and retention of rural GPs

A third medical school will not only train doctors for rural areas but will also help to improve and inform rural health provision, whether this is through development and advocacy of rural policies, data and informatics, or aspects of workforce development and primary care in a rural context. A rural medical school will have a curriculum tailored to rural issues.

 National proposes to commission a medical school specifically focussed on training health practitioners for rural areas.

#### **Rural Health Alliance**

Support organisations and NGOs have long supported rural New Zealanders to access critical healthcare services. Without government funding and endorsement of their work, there is a risk this good work may not continue.

The current Government has reduced funding for rural NGOs like Rural Health Alliance Aotearoa, which plays a significant role in rural mental health provision. We need to ensure the increased investment in mental health gets to our rural communities.

 National will boost funding to Rural Health Alliance to support mental health in rural communities.





## **Healthy Ageing**

"National believes every New Zealander deserves to be supported to live healthy and active lives in their later years."

#### **Hon Maggie Barry ONZM**

Spokesperson for Seniors

The number of older New Zealanders is forecast to increase by 77 per cent in the next 20 years and New Zealand's growing number of older Kiwis poses a substantial challenge. Older New Zealanders want to live independently and well for as long as they can, including remaining in their own home. When residential care is required it should be available in or close to the communities we live in.

 National proposes to review and refresh the Healthy Ageing Strategy to ensure we continue to achieve the best for older Kiwis.

### **Living Well at Home**

All New Zealanders aspire to enjoy good health and independence in their older years. For many, however, the health effects of ageing mean living independently carries some risk our health could get worse or we'll suffer an injury, such as through a fall.

There's also a risk of social isolation increasing as we get older, but the solution isn't always a rest home.

National will ensure every older New Zealander is able to stay at home for as long as they wish. Technology can help. We propose increasing the availability of home supports, particularly those using technology-based solutions, to ensure our growing numbers of older Kiwis can do this.

- National proposes to encourage new technologies to be widely adopted so older New Zealanders can continue to live independently in their homes.
- National proposes rolling out the Community Connects model to combat loneliness and isolation.

### **Aged Residential Care**

National wants elderly New Zealanders to have access to the support and funding they need to stay in their home. However, we recognise some will inevitably have to go into residential care as their health deteriorates.

Around 33,000 older New Zealanders are in some form of residential care provided in 670 facilities across the country. Government funds 58 per cent of the cost of residential care with the balance paid by the resident.

National wants to explore what more we can do to work with aged residential care providers to explore the most sustainable funding options for residential care

# We want your thoughts on the following:

 What more can we do to support those in residential care and the residential care homes themselves?

#### **Dementia Care**

More than 70,000 Kiwis have dementia and it's predicted this will rise to 170,000 by 2050. It will become one of the biggest health challenges globally. Ensuring Kiwis with dementia have the best care is a priority for National.

As the number of individuals with dementia increases, so too will its impact on health services. We need to take proactive steps now to ensure those who currently have dementia and those who will in the future receive the best possible care.

Support for people with dementia and their families so they can live well, either at home or close to home, is a critical part of National's dementia policy and a key part of our health platform.

We want information and tools to be available regardless of where you live or the level of care you require and know dementia can be isolating. Creating communities which are understanding and supportive of people with dementia is another core focus.

National will work with communities to develop dementia-friendly services and care.

National will also look into ways to strengthen the health sector to better meet the current and future needs of those with dementia. Currently the system is fragmented and vulnerable people, particularly those who live in small towns or out of cities, aren't getting the care they need.

# We want your thoughts on the following:

 How can we improve support for those with dementia?  National will produce a Dementia Action Plan.

### **Hospice Care**

National believes every New Zealander deserves to be well supported at the end of their life. Part of this support includes world-class hospice care. In 2018 over 19,000 people and their families were supported by hospices and one in three New Zealanders who died in 2018 were supported by a hospice.

Fundraising to ensure the services provided by hospices remain free to patients is consistent with the ethos of hospice care, but recently the government contribution to hospices has diminished. Additionally, some regions have far less access to hospice care. For those living in rural or isolated communities, care is sometimes either unavailable or only available by moving far from family and loved ones.

We propose increasing the government contribution to 70 per cent of the costs of maintaining hospice services.

- National proposes that government increases its contribution towards hospice care to 70 per cent of the costs of maintaining hospice services.
- National proposes that all New Zealanders, wherever they live, should be able to access the best possible palliative care whenever they need it.

### **Eye Health**

National acknowledges the importance of healthy vision, something which becomes more fragile as you age. With an ageing population, there's a need for planning and strategy now to meet increasing demand. National will undertake the first ever nationwide eye health survey to make sure we have the resources to provide high-quality eye care for all Kiwis.

 National proposes a National Eye Health Survey.

# We want your thoughts on the following:

- Should the government fund a free assessment for macular degeneration at age 65?
- Should we have mobile clinics for testing vision and hearing to reach remote areas?

### **SuperGold Cards**

The current Government has given SuperGold Card holders a mobile phone app but National is more ambitious and believes SuperGold Cards should provide discounts to older people for the things which become even more important in later life. This includes things like medical care and legal support for writing wills and establishing powers of attorney to give you confidence in later life.

 National will negotiate SuperGold card discounts for vision, dental and hearing care, together with legal support for wills and powers of attorney. to properly fund, support and promote them.

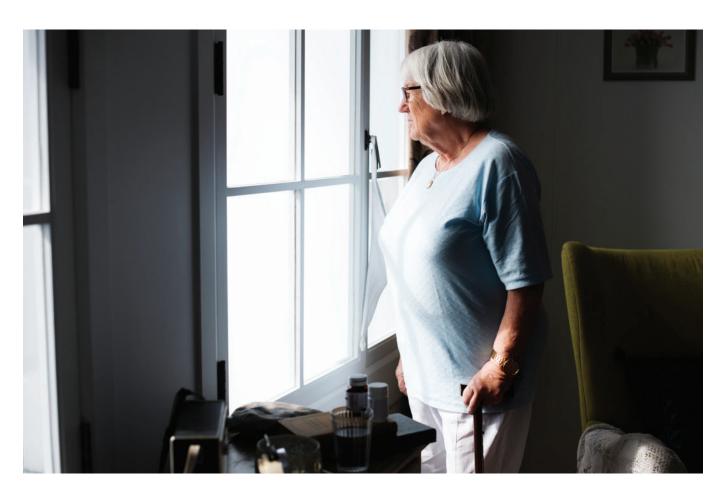
Highly successful day programmes run by NGOs which had the dual purpose of maintaining physical health and keeping seniors socially connected have also been cruelly cut by this Government. We propose reintroducing them.

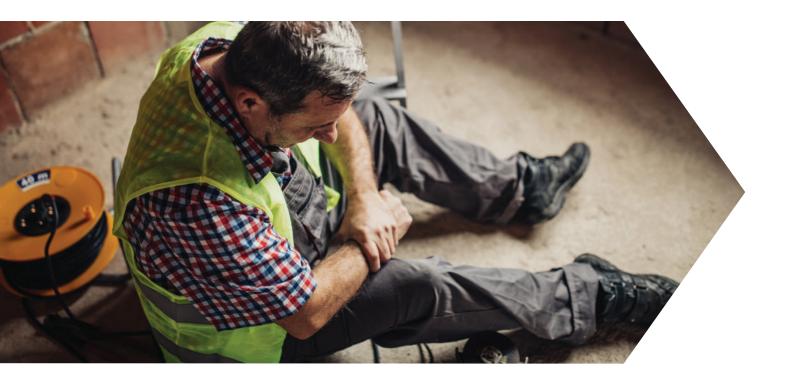
### **Elder Abuse and Neglect**

With an ageing population comes an increased risk of all forms of elder abuse and neglect – physical, psychological and financial. More than 2300 elder abuse cases are reported annually with three quarters of the abusers being family members, so there's already an urgent and growing need to protect our most vulnerable.

National established the 24/7 elder abuse and neglect phone line 0800 EA NOT OK and SuperSeniors as initiatives to detect and prevent elder abuse. This Government has failed

- National proposes to restore funding for NGO-run day programmes for the physical and mental health of older New Zealanders.
- National proposes to take steps to strengthen the prevention and detection of complex and difficult to detect elder abuse, particularly financial abuse.





### ACC

"Our ACC scheme is admired around the world and National will ensure it remains a system that is trusted and valued by all New Zealanders."

### Hon Tim Macindoe

Spokesperson for ACC

For more than four decades, New Zealand's accident compensation scheme has provided essential financial and rehabilitation assistance to millions of New Zealanders. Admired by many other countries, ACC is a valued component of our support for those who suffer a range of injuries but it sometimes leaves people feeling aggrieved and unfairly treated.

The previous National Government left ACC in a very sound financial position. The recently reported \$8.7 billion deficit was attributed by the Government to solely non-controllable factors. This is a ridiculous excuse. Failure by the Government to manage our ACC system properly underscores the need for constant vigilance in injury prevention, early rehabilitation and return to work and independence.

National will set unambiguous expectations for scheme performance which prevent the financial yo-yo effect that occurs when Labour both extends cover and fails to focus on rehabilitation. As well as ensuring that ACC is run correctly, National will also review the funding for ACC to ensure that sufficient reimbursement is made by ACC to DHBs for accident related acute care.

 National will review the funding by ACC of DHB-based accident care.

#### **Claims Process**

ACC works best when the cause of a person's condition is clearly accident-related and has a clear course of treatment. However, too often the process of establishing whether a condition is the result of an accident is time-consuming, costly and stressful. Independent medical advice often clashes with the claimant's opinion, pitting doctors and lawyers against each other. We think there are better ways to manage this process.

We want to work with ACC stakeholders to explore a more efficient and cost-effective process for determining cover and entitlement that removes the perception of a lack of independence in the process.

 National proposes to work with ACC and its stakeholders to create a more efficient and costeffective process for determining cover and entitlement.

### **Firefighters**

Many other countries have put in place measures that recognise the unique circumstances of professional firefighters who may have developed cancer as a result of their work. While occupational disease is covered by ACC, it's often very difficult to prove the disease is work-related. National proposes exploring the range of conditions research confirms are linked to being a firefighter, developing a list of those cancers and giving ACC cover for them.

 National will amend ACC legislation to clarify cover for firefighters through an evidencebased presumptive list of cancers which arise from being a firefighter.



# National's Health Team

### 2019



**Hon Simon Bridges** National Party Leader



**Hon Michael Woodhouse** Spokesperson for Health



**Hon Maggie Barry ONZM** Spokesperson for Seniors, Disability Issues and Associate Health



**Matt Doocey** Spokesperson for Mental Health



**Hon Tim Macindoe**Spokesperson for ACC



**Dr Shane Reti QSM, MBChB** Associate Spokesperson for Health

## Feedback

### **National's Vision**

Please fill out the below (feel free to add any additional comments) and post them to:

FREEPOST PARLIAMENT Hon Michael Woodhouse Parliament Buildings Wellington

Post to Parliament is free so you don't need to add a stamp. You can also visit national.org.nz for an online version.

## **Delivering Better Health Services**

| No  | ational Health Targets   | Agree      | Disagree |
|-----|--|------------|----------|
| 1.  | National will re-establish National Health Targets which will be updated and extended to primary providers that receive public funding. Performance against targets will be published.   |            |          |
| GF  | P Services   | Agree      | Disagree |
| 2.  | National proposes to expand the GP with Special Interest (GPSI) Programme to a broader range of chronic conditions which, with appropriate training and oversight, can be managed by GPs in the community alleviating pressure on secondary care services. |            |          |
| We  | want your thoughts on the following:   |            |          |
| •   | How can we ensure subsidies for low income patients in primary care are consistently provided to   | those most | in need? |
| Ele | ective Surgery   | Agree      | Disagree |
| 3.  | National will set clear elective surgery targets for each DHB to meet, taking into account complexity as well as basic volume data.  |            |          |
| 4.  | National will establish a common points system across all DHBs and specialties to eliminate access inequities to surgery.  |            |          |
| 5.  | National proposes to investigate Regional Centres of Excellence in surgery so complex interventions have better outcomes for patients.   |            |          |
|     |  |            |          |

#### We want your thoughts on the following:

· How can we ensure that DHBs work better with private providers where their support is needed to deliver surgeries?

|     | ey Health Challenges   |               |           |
|-----|--|---------------|-----------|
|     |  |               |           |
| Cc  | ncer   | Agree         | Disagree  |
| 6.  | National will introduce legislation to establish an independent cancer agency, reporting to the Minister and sitting outside the control of the Ministry of Health and DHBs.   |               |           |
| 7.  | National commits to establish an Interim Cancer Agency Board to review the cancer plan and recommend improvements.   |               |           |
| 8.  | National will require 'stage at diagnosis' data to be centrally collected to clearly identify the degree to which late diagnosis is affecting cancer outcomes.                 |               |           |
| 9.  | National will establish a \$50 million a year cancer drugs fund.   |               |           |
| Art | hritis   | Agree         | Disagree  |
| 10. | National proposes to make healthy bones and joints a priority to support those New Zealanders living with arthritis or gout.   |               |           |
| 11. | National proposes to improve access to treatment and rehabilitation, including vocational rehabilitation to enable arthritis sufferers to remain in or re-enter the workforce. |               |           |
| Ok  | pesity   | Agree         | Disagree  |
| 12. | National will replace the 2015 Childhood Obesity Plan with a new national obesity strategy covering all age groups.  |               |           |
| 13. | National will expand 'the Daily Mile' programme to more New Zealand schools, with the expectation that all take part by 2025.  |               |           |
| We  | want your thoughts on the following:   |               |           |
| •   | What more can be done to tackle obesity in New Zealand, without the government having unne people's lifestyles?  | cessary influ | ence over |
| •   | What should we do to increase access to healthy foods?   |               |           |
| •   | What is the role of industry in tackling obesity in New Zealand?   |               |           |
|     |  |               |           |
| Ore | al Health  | Agree         | Disagree  |
| 14. | National will improve the school dental service to ensure every school-aged child has appropriate access to good oral health.  |               |           |
| 15. | National proposes to implement a comprehensive programme to improve paediatric oral  |               |           |

38 Health

# **Disability Services**

| En  | abling Good Lives  | Agree        | Disagree |
|-----|--|--------------|----------|
| 16. | National proposes to continue with the Enabling Good Lives model and look for opportunities to expand it.  |              |          |
| 17. | National proposes to work towards ensuring all government services and publications are disability friendly and accessible to all.   |              |          |
| 18. | National will increase the number of adult cochlear implants performed from 40 per year to 100 per year.   |              |          |
| We  | want your thoughts on the following:   |              |          |
|     | How can we ensure funding properly supports disabled people to have control over their lives?  |              |          |
| •   | How can we make government resources more easily accessible to all disabled people?  |              |          |
|     |  |              |          |
| Su  | pporting Family Carers   |              |          |
| We  | want your thoughts on the following:   |              |          |
| •   | How can we better support families who care for a disabled relative?   |              |          |
| •   | What other areas of disability support should National focus on?   |              |          |
|     | aployment for Disabled People  | Agree        | Disagree |
|     |  | Agico        | Dioagree |
| 19. | National will reduce the disability employment gap, ensuring more disabled Kiwis are able to access employment and bringing New Zealand into line with other OECD countries. |              |          |
| 20. | National proposes to ensure every Work and Income office has a specially trained disability employment adviser.  |              |          |
| We  | want your thoughts on the following:   |              |          |
| •   | What more can we do to support disabled people to take up and remain in work?  |              |          |
| •   | What amendments could be made to the minimum wage exemption system which encourages of disabled Kiwis to be employed?  | greater numl | bers of  |
|     |  |              |          |
|     |  |              |          |

| M   | ental Health and Addiction   | Agree          | Disagree      |
|-----|--|----------------|---------------|
| 21. | National will trial a Step Up/Step Down care pathway service.  |                |               |
| We  | want your thoughts on the following:   |                |               |
| •   | What mental health services are not being provided in the community you live in that you would   | d like to see? |               |
| •   | What illness prevention strategies work best to keep people well?  |                |               |
| Be  | tter Mental Health Services  | Agree          | Disagree      |
| 22. | National will deliver the expert-designed Mental Health co-response, which sees mental health nurses attend mental health incidents alongside Police and paramedics.   |                |               |
| 23. | National will ensure support and follow-up for those who attempt suicide or are at risk of taking their own lives, with a focus on delivering tailored services for rural communities, Māori and young people. |                |               |
| 24. | National proposes a centralised approach to the commissioning of mental health services.   |                |               |
| We  | want your thoughts on the following:   |                |               |
| •   | What initiatives would you like to see us implement to grow our mental health workforce to deliv   | er new frontl  | ine services? |
| Ea  | rly Intervention   | Agree          | Disagree      |
| 25. | National will establish a contestable fund for mental health organisations to deliver mental health first aid training to improve mental health awareness and support in workplaces and communities.           |                |               |
| 26. | National will deliver enhanced e-therapy options for young people and prisoners.   |                |               |
| 27. | National will deliver a package of telehealth which is innovated and tailored for adolescents and adults with mild to moderate mental health needs.  |                |               |
| 28. | National proposes to create a \$10 million contestable fund established to drive innovation in digital mental health services.   |                |               |
| Me  | eth Addiction Rehabilitation   | Agree          | Disagree      |
| 29. | National will reintroduce the Meth Action Plan aimed at the 2020s.   |                |               |
| 30. | National proposes to trial a programme like the Matrix Model, with every DHB having access to detox beds.  |                |               |

| We want your thoughts on the following: | We | want | your | thoughts | on the | following: |
|---|----|------|------|----------|--------|------------|
|---|----|------|------|----------|--------|------------|

• Should we expand Te Ara Oranga?

| T | h | e | Н | ea | lth | Sy | /sten | n |
|---|---|---|---|----|-----|----|-------|---|
|   |   |   |   |    |     |    |       |   |

| Dis | Agree  | Disagree    |          |
|-----|--|-------------|----------|
| 31. | National commits to ensuring services are delivered as close to patients as possible, with local public provision managed locally.   |             |          |
| We  | want your thoughts on the following:   |             |          |
| •   | Should planning and funding for services be coordinated at a regional level to improve quality and   | d consisten | cy?      |
| •   | Should planning and funding functions be separate from the delivery of services?   |             |          |
| •   | Should DHBs still be elected?  |             |          |
|     |  |             |          |
| _   |  |             |          |
| Не  | ealth Workforce  | Agree       | Disagree |
| 32. | National will undertake an immediate stocktake of the sector, including volumes, age, turnover and regional distribution of the workforce.   |             |          |
| 33. | National will encourage Health Workforce New Zealand to consider new health workforce roles to meet the needs of 21st century health service delivery, such as navigators and coaches.   |             |          |
| 34. | National proposes to remove Health Workforce New Zealand as a directorate of the Ministry and re-establish it as an independent body.  |             |          |
| Mi  | dwives   | Agree       | Disagree |
| 35. | National proposes to address income equity claims by independent midwives in line with the recommendations of the Co-Design Report.  |             |          |
| Me  | edicines Funding   | Agree       | Disagree |
| 36. | National commits to restoring PHARMAC funding and increasing funding at the same rate as DHB cost pressure increases.  |             |          |
| 37. | National will establish a ring-fenced \$20 million rare disorders fund over four years.  |             |          |
| 38. | National will require PHARMAC to be more transparent and timely in its decision-making, by setting targets for timeliness and requiring definite decisions based on best price offer to ensure faster and more transparent drug funding. |             |          |
| 39. | National will set clear targets for high value medical devices and equipment to come under a PHARMAC purchase agreement by 2022.   |             |          |
| 40. | National will introduce a framework based on existing international quality marks, avoiding burdensome red tape.   |             |          |

| 41.  | National will introduce a framework that relies on the existing international quality marks, avoiding burdensome red tape.  |                |          |
|------|---|----------------|----------|
| Info | ormation Technology   | Agree          | Disagree |
| 42.  | National will progress towards having coordinated patient management information systems that integrate community and hospital-based services, are accessible by patients and health professionals and retain high levels of confidentiality. |                |          |
| W    | omen's Health   |                |          |
| Wo   | omen-Specific Cancers   | Agree          | Disagree |
| 43.  | National will fund an education and awareness campaign to improve chances of early detection of gynaecological cancers.   |                |          |
| We   | want your thoughts on the following:  |                |          |
| •    | Should breast reconstruction be offered as standard after mastectomy surgery?   |                |          |
|      |   |                |          |
| Sui  | rgical Mesh   | Agree          | Disagree |
| 44.  | National will establish a Mesh Register and make it retrospective for women to record their operations and enable tracking of the mesh implants over several decades.   |                |          |
| Mo   | aternity Services   | Agree          | Disagree |
| 45.  | National will re-establish the birthing unit at Lumsden and support the establishment of a birthing unit in Wanaka.   |                |          |
| 46.  | National will require Plunket nurses screen for postnatal depression and refer affected parents for support.  |                |          |
| 47.  | National will increase postnatal stay to three days in a postnatal facility of the mum's choosing.  |                |          |
| We   | want your thoughts on the following:  |                |          |
| •    | What services and supports should be put in place in the first 1000 days of a child's life for child adverse outcomes?  | ren most at ri | sk of    |
|      |   |                |          |
| M    | āori Health   |                |          |
| Re   | ducing Disparities Through Targets  | Agree          | Disagree |
| 48.  | National will reinstate the requirement of annual reporting against a Māori Health Strategy for every DHB.  |                |          |

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| 58. | National will produce a Dementia Action Plan.   |         |          |
|-----|---|---------|----------|
| De  | mentia Care   | Agree   | Disagree |
|     |   |         |          |
| •   | What more can we do to support those in residential care and the residential care homes thems   | selves? |          |
| We  | want your thoughts on the following:  |         |          |
| Ag  | ed Residential Care   |         |          |
| 57. | National proposes rolling out the Community Connects model to combat loneliness and isolation.  |         |          |
| 56. | National proposes to encourage new technologies to be widely adopted so older New Zealanders can continue to live independently in their homes. |         |          |
| Liv | ing Well at Home  | Agree   | Disagree |
| 55. | National proposes to review and refresh the Healthy Ageing Strategy to ensure we continue to achieve the best for older Kiwis.                  |         |          |
| H   | ealthy Ageing   | Agree   | Disagree |
| 54. | National will boost funding to Rural Health Alliance to support mental health in rural communities.   |         |          |
|     | ral Health Alliance   | Agree   | Disagree |
| 53. | National proposes to commission a medical school specifically focussed on training health practitioners for rural areas.                        |         |          |
| Ru  | ral GPs   | Agree   | Disagree |
| 52. | National proposes to expand technologies to enable isolated communities to have better access to specialist services.                           |         |          |
| J1. | National proposes to pilot a Mobile Rural Health Clinic to help service isolated communities.   |         |          |
|     | ural Health   | Agree   | Disagree |
| D   | gout, have equitable access to uric acid lowering medication.   |         |          |
| 50. | National proposes to ensure Māori and Pasifika, who have a genetic predisposition to  |         |          |
| Go  | out   | Agree   | Disagree |
| 49. | National will pilot low-dose CT scanning for all smokers who meet the criteria.   |         |          |
| Lui | ng Cancer   | Agree   | Disagree |

#### We want your thoughts on the following:

How can we improve support for those with dementia? Agree Disagree **Hospice Care** 59. National proposes that government increases its contribution towards hospice care to 70 per cent of the costs of maintaining hospice services 60. National proposes that all New Zealanders, wherever they live, should be able to access the best possible palliative care whenever they need it. Agree Disagree Eye Health 61. National proposes a National Eye Health Survey. We want your thoughts on the following: Should the government fund a free assessment for macular degeneration at age 65? Should we have mobile clinics for testing vision and hearing to reach remote areas? SuperGold Cards Agree Disagree 62. National will negotiate SuperGold card discounts for vision, dental and hearing care, together with legal support for wills and powers of attorney. Elder Abuse and Neglect Agree Disagree 63. National proposes to restore funding for NGO-run day programmes for the physical and mental health of older New Zealanders. 64. National proposes to take steps to strengthen the prevention and detection of complex and difficult to detect elder abuse, particularly financial abuse. ACC Agree Disagree 65. National will review the funding by ACC of DHB-based accident care. Disagree Claims Process Agree 66. National proposes to work with ACC and its stakeholders to create a more efficient and cost-effective process for determining cover and entitlement. **Firefighters** Agree Disagree 67. National will amend ACC legislation to clarify cover for firefighters through an evidence-

based presumptive list of cancers which arise from being a firefighter.

